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Substitute for form 1449/PTO				Complete if Known		
INFORMATION DISCLOSURE				Application Number	10/584,025	
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STATEMENT BY APPLICANT			APPLICANT	First Named Inventor	Matthew C. Fyfe	
				Art Unit	1626	
(Use as many sheets as necessary)			s necessary)	Examiner Name	S. L. Shterengarts	
Sheet	1	of	1	Attorney Docket Number	41228-NC10009US	

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Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ² (<i>if known</i>)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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NON PATENT LITERATURE DOCUMENTS				
Examiner Initials	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²	
		Overton, H.A. et al., "Deorphanization of a G-protein-coupled receptor for oleoylethanolamide and its use in the discovery of small-molecule hypophagic agents," <i>Cell Metabolism 3</i> , 167-175, March 2006		
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	Examiner Signature	/Samantha Shterengarts/	Date Considered	06/05/2011
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^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.